

DEFENDANT: HENRY EDWARD HILDEBRAND III

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 10.40 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
HENRY E HILDEBRAND			
Tracking #:			
70203160000230014803			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 98			
Total			\$31.10

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Nashville, TN 37205

7020 3160 0002 3001 4803

Certified Mail Fee \$14.10

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$14.25

Total Postage and Fees \$31.10

HENRY HILDEBRAND III

NASHVILLE, TN 37205

Postmark Here  
AUG 24 2024

PS Form 3800, April 2019 PSN 7530-02-000-9047 See reverse for Instructions

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE.**

FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.90 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
CHARLES M WALKER			
Tracking #:			
70203160000230014889			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0681 83			
Total			\$31.10

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A0000000031010 Chlp  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Nashville, TN 37215

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$12.75

☐ Return Receipt (electronic) \$0.00

☒ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here

08/24/2024

**CHARLES M. WALKER**

**NASHVILLE, TN 37215**

USPS TRACKING #

NASHVILLE TN 370

20 AUG 2024 PM 2 L

9590 9402 8627 3244 0681 83

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box®

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

"Restricted Delivery" but not signed by  
DEFENDANT as required.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CHARLES M. WALKER**

**NASHVILLE, TN 37215**

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Charles M. Walker*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Charles M. Walker*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE**

FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.90 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name CHARLES M WALKER			
Tracking #: 70203160000230014889			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0681 83			
Total			\$31.10

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

Nashville, TN 37215

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.10
<input type="checkbox"/> Return Receipt (electronic)	\$1.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$4.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$4.00

Postage \$14.25

Total Postage and Fees \$31.10

**CHARLES M. WALKER**  
NASHVILLE, TN 37215

Postmark Here

08/24/2024

USPS TRACKING #  
NASHVILLE TN 370  
24 AUG 2024 PM 2 L

9590 9402 8627 3244 0681 83

United States Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

PS Form 3811, July 2020 PSN 7530-02-000-9053

"Restricted Delivery" but not signed by DEFENDANT as required.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**CHARLES M. WALKER**  
NASHVILLE, TN 37215

2. Article Number (Transfer from service label)  
7020 3160 0002 3001 4889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Juliana Walker* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Juliana Walker

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
7020316000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
Total			\$31.10

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

Nashville, TN 37215

Certified Mail Fee \$14.25

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.10
<input type="checkbox"/> Return Receipt (electronic)	\$1.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark  
AUG 24 2024  
08/24/2024

**SAMUEL F. ANDERSON**

NASHVILLE, TN 37215

See Reverse for Instructions

**THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SAMUEL F. ANDERSON**

**NASHVILLE, TN 37215**



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt



DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
7020316000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
Total			\$31.10

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Nashville, TN 37215

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$14.25  
☐ Return Receipt (electronic) \$1.75  
☒ Certified Mail Restricted Delivery \$10.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

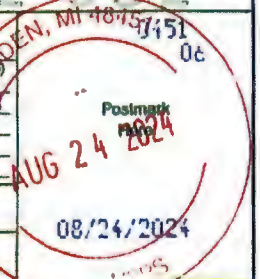
Postage \$14.25

Total Postage and Fees

\$31.10

SAMUEL F. ANDERSON

NASHVILLE, TN 37215



THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAMUEL F. ANDERSON

NASHVILLE, TN 37215



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024

**UNITED STATES POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
JAMES M HIVNER			
Tracking #:			
→ 70203160000230014834			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 81			
Total			\$33.80

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Memphis, TN 38133

0431

Postmark Here

08/27/2024

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$12.75

☒ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$

Postage \$16.95

Total Postage and Fees \$33.80

**JAMES MICHAEL HIVNER**

**BARTLETT, TN 38133**

See Reverse for Instructions

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**



DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024



**UNITED STATES  
POSTAL SERVICE.**

FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Time 08/27/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
JAMES M HIVNER			
Tracking #:			
→ 70203160000230014834			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 81			
Total			\$33.80

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA

Account #: XXXXXXXXXXXX8359

Approval #: 314260

Transaction #: 188

AID: A0000000031010 Chip

AL: VISA CREDIT

PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Memphis, TN 38133

**OFFICIAL USE**

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$12.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$16.95

Total Postage and Fees \$33.80

**JAMES MICHAEL HIVNER**

**BARTLETT, TN 38133**

Postmark Here

08/27/2024

7020 3160 0002 3001 4834

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
70202450000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
 Account #: XXXXXXXXXX8359  
 Approval #: 518290  
 Transaction #: 717  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-1-5531338-2  
 Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☒ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$14.25  
 Total Postage and Fees \$

Postmark  
 AUG 28 2024  
 08/28/2024  
 USPS

**ANDY DWANE BENNETT**  
 [REDACTED]  
 HERMITAGE, TN 37076- [REDACTED]

THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ANDY DWANE BENNETT**

**HERMITAGE, TN 37076**



9590 9402 8627 3244 0682 99

2. Article Number (Transfer from carrier label)

7020 2450 0000 3671 5150

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
7020245000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy)  
☐ Return Receipt (electronic)  
☒ Certified Mail Restricted Delivery  
☐ Adult Signature Required  
☐ Adult Signature Restricted Delivery

Postage \$14.25  
Total Postage and Fees

Postmark  
AUG 28 2024  
08/28/2024  
USPS

**ANDY DWANE BENNETT**  
[REDACTED]  
**HERMITAGE, TN 37076**

THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ANDY DWANE BENNETT**  
[REDACTED]  
**HERMITAGE, TN 37076**



9590 9402 8627 3244 0682 99

2. Article Number (Transfer from carrier label)

7020 2450 0000 3671 5150

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
70202450000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☒ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
Postage \$14.25  
Total Postage and Fees \$  
Postmark AUG 28 2024  
USPS

**FRANK GOAD CLEMENT JR.**  
[Redacted]  
**NASHVILLE, TN 37205**  
[Redacted]

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.**

**NASHVILLE, TN 37205**



9590 9402 8627 3244 0682 82

2. Article Number (Transfer from online label)

7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
7020245000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☒ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark  
AUG 28 2024  
LINDEN MI 48451

USPS

**FRANK GOAD CLEMENT JR.**  
[Redacted]  
**NASHVILLE, TN 37205** [Redacted]

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.****NASHVILLE, TN 37205**

9590 9402 8627 3244 0682 82

2. Article Number (Transfer from envelope label)

7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: WILLIAM NEAL MCBRAYER

RECEIVED SERVICE: 8/31/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
70202450000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$26.75

Postmark  
AUG 28 2024  
LINDEN, MI 48451

USPS

**WILLIAM NEAL MCBRAYER**

**BRENTWOOD, TN 37027**

Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**WILLIAM NEAL MCBRAYER**

**BRENTWOOD, TN 37027**



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: WILLIAM NEAL MCBRAYER

RECEIVED SERVICE: 8/31/2024

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
7020245000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXX XXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$29.10

Postmark AUG 28 2024

USPS

WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027

Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/10/2024

02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
----------------	---	--	---------

Knoxville, TN 37919

Weight: 9 lb 2.2 oz

Expected Delivery Date

Thu 09/12/2024

Insurance \$0.00

Up to \$100.00 included

Restricted Del \$12.75

Recipient name

SHARRON G LEE

Tracking #:

7020245000036716188

Return Receipt \$4.10

Tracking #:

9590 9402 8418 3156 9888 87

Total \$35.70

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA

Account #: XXXXXXXXXX8359

Approval #: 310170

Transaction #: 818

AID: A0000000031010

Chip

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

OFFICIAL USE

Certified Mail Fee

Extra Services &amp; Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☒ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage \$18.35

Total Postage and Fees

SHARON GAIL LEE

KNOXVILLE, TN 37919

LINDEN, MI 48451

Postmark Here

SEP 10 2024

09/10/2024

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHARON GAIL LEE

KNOXVILLE, TN 37919



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/10/2024

02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
----------------	---	--	---------

Knoxville, TN 37919

Weight: 9 lb 2.2 oz

Expected Delivery Date

Thu 09/12/2024

Insurance

\$0.00

Up to \$100.00 included

Restricted Del \$12.75

Recipient name

SHARRON G LEE

Tracking #:

70202450000036716188

Return Receipt \$4.10

Tracking #:

9590 9402 8418 3156 9888 87

Total \$35.70

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA

Account #: XXXXXXXXXX8359

Approval #: 310170

Transaction #: 818

AID: A0000000031010

Chip

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

Extra Services &amp; Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☒ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$18.35

Total Postage and Fees

SHARON GAIL LEE

KNOXVILLE, TN 37919

LINDEN, MI 48451

Pollmark  
Here

SEP 10 2024

09/10/2024

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHARON GAIL LEE

KNOXVILLE, TN 37919



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]



R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]



R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III

[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON

[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]





R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]



MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

ALEXANDER SERGEY KOVAL  
NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III  
NASHVILLE, TN 37205-

CHARLES M. WALKER  
NASHVILLE, TN 37215-

THOMAS E. ANDERSON

BRENTWOOD, TN 37027-

MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]



MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

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NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]



DEFENDANT: MICHAEL W. BINKLEY

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/23/2024 02:51 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
----------------	---	--	---------

Franklin, TN 37069

Weight: 3 lb 10.60 oz

Expected Delivery Date

Mon 08/26/2024

Insurance \$0.00

Up to \$100.00 included

Restricted Del \$12.75

Recipient name

MICHAEL W BINKLEY

Tracking #:

70203160000230014711

Return Receipt \$4.10

Tracking #:

9590 9402 8627 3244 0685 03

Total \$31.10

Grand Total: \$31.10

Credit Card Result \$31.10

Card Name: VISA

Account #: XXXXXXXXXX8359

Approval #: 313215

Transaction #: 660

AID: A0000000031010

AL: VISA CREDIT

PIN: Not Required

Chip

UFN: 255460-0451

Receipt #: 840-54930036-1-5521667-2

Clerk: 6

## COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL W. BINKLEY

FRANKLIN, TN 37069



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared,  
Was Never Returned Even  
After Successful Delivery.**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

7020 3160 0002 3001 4711

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Franklin, TN 37069

Certified Mail Fee

\$4.10

☐ Extra Services & Fees (check box, add fee as appropriate)☐ Return Receipt (hardcopy) \$0.00☒ Return Receipt (electronic) \$12.75☒ Certified Mail Restricted Delivery \$0.00☐ Adult Signature Required \$0.00☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees

\$31.10

MICHAEL W. BINKLEY

FRANKLIN, TN 37069





DEFENDANT: MICHAEL W. BINKLEY

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/23/2024

02:51 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
----------------	---	--	---------

Franklin, TN 37069

Weight: 3 lb 10.60 oz

Expected Delivery Date

Mon 08/26/2024

Insurance

\$0.00

Up to \$100.00 included

Restricted Del \$12.75

Recipient name

MICHAEL W BINKLEY

Tracking #:

70203160000230014711

Return Receipt \$4.10

Tracking #:

9590 9402 8627 3244 0685 03

Total \$31.10

Grand Total: \$31.10

Credit Card Remit \$31.10

Card Name: VISA

Account #: XXXXXXXXXXXX8359

Approval #: 313215

Transaction #: 660

AID: A0000000031010

Chip

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5521667-2

Clerk: 6

COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL W. BINKLEY

FRANKLIN, TN 37069-██████



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared,  
Was Never Returned Even  
After Successful Delivery.**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

7020 3160 0002 3001 4711

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Franklin, TN 37069

Certified Mail Fee

\$4.10

☐ Return Receipt (hardcopy) \$0.00☒ Return Receipt (electronic) \$12.75☒ Certified Mail Restricted Delivery \$0.00☐ Adult Signature Required \$0.00☐ Adult Signature Restricted Delivery \$0.00

Postage

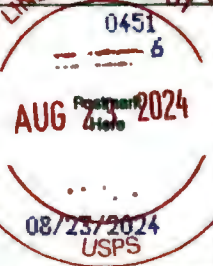
\$14.25

Total Postage and Fees

\$31.10

MICHAEL W. BINKLEY

FRANKLIN, TN 37069-██████





DEFENDANT: ELAINE B. BEELER

RECEIVED SERVICE: 8/26/2024

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 11:25 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance		\$0.00	
Up to \$100.00 included			
Restricted Del		\$12.75	
Recipient name			
ELAINE B BEELER			
Tracking #:			
7020316000230014704			
Return Receipt		\$4.10	
Tracking #:			
9590 9402 8627 3244 0684 97			
Total			\$31.10

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 014252  
Transaction #: 185  
AID: A0000000031010  
AL: VISA CREDIT  
PIN: Not Required

Chip

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753461-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Franklin, TN 37064

Certified Mail Fee \$4.10  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$10.00  
☐ Return Receipt (electronic) \$12.75  
☒ Certified Mail Restricted Delivery \$10.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25  
Total Postage and Fees \$31.10

Sent **ELAINE B. BEELER**  
Street [REDACTED]  
City **FRANKLIN, TN 37064**

Postmark Here  
AUG 24 2024  
08/24/2024

PS Form 3811, April 2019 PSN 7530-02-000-9053 See reverse for instructions

USPS TRACKING#  
NASHVILLE TN 370  
20 AUG 2024 PM 2 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 8627 3244 0684 97

United States  
Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

|||||

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ELAINE B. BEELER****FRANKLIN, TN 37064**

9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No**This USPS Return Receipt  
Was Mysteriously Missing  
A Signature and Any  
Information About Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: ELAINE B. BEELER

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 11:25 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ELAINE B BEELER			
Tracking #:			
→ 7020316000230014704			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 97			
Total			\$31.10

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 014252  
Transaction #: 185  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753461-2  
Clerk: 06

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com

From: Linden, TN 37064

Certified Mail Fee

\$4.10

Extra Services &amp; Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$0.00☐ Return Receipt (electronic) \$0.00☒ Certified Mail Restricted Delivery \$10.00☐ Adult Signature Required \$0.00☐ Adult Signature Restricted Delivery \$0.00

Postage

\$14.25

Total Postage and Fees

\$31.10

Sent

Street

City

PS Form 3811, April 2017 PSN 7530-02-000-9063 See reverse for instructions

ELAINE B. BEELER

FRANKLIN, TN 37064

USPS TRACKING#

NASHVILLE TN 370

24 AUG 2024 PM 2 L



9590 9402 8627 3244 0684 97

United States  
Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ELAINE B. BEELER**  
**FRANKLIN, TN 37064**



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9063

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Was Mysteriously Missing  
A Signature and Any  
Information About Delivery**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: KATHRYN YARBROUGH

SECOND SERVICE ATTEMPT

RECEIVED SERVICE: 9/06/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/04/2024 01:45 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Thompsons Station, TN 37179			
Weight: 3 lb 12.00 oz			
Expected Delivery Date			
Fri 09/06/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
KATHRYN L YARBROUGH			
Tracking #:			
→ 7020316000230014698			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 80			
Total			\$31.10

Grand Total: \$85.40

Credit Card Remit \$85.40

Card Name: VISA  
Account #: XXXXXX XXXX8359  
Approval #: 214054  
Transaction #: 241  
AID: A0000000031010  
AL: VISA CREDIT  
PIN: Not Required

Chip

UFN: 255460-0451

Receipt #: 840-54930036-3-6764826-2

Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Thompsons Station, TN 37179

Certified Mail Fee \$4.10  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$12.75  
☐ Return Receipt (electronic) \$0.00  
☒ Certified Mail Restricted Delivery \$10.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

KATHRYN YARBROUGH

Thompsons Station, TN 37179

PS Form 3800, April 2015 PSN 7530-02-000-9053

Postmark  
Here  
SEP 04 2024  
09/04/2024

USPS TRACKING #



9590 9402 8627 3244 0684 80

United States  
Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**KATHRYN YARBROUGH****THOMPSONS STATION, TN 37179**

9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No**RESTRICTED  
DELIVERY**

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt



DEFENDANT: KATHRYN YARBROUGH

SECOND SERVICE ATTEMPT

RECEIVED SERVICE: 9/06/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/04/2024 01:45 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Thompsons Station, TN 37179			
Weight: 3 lb 12.00 oz			
Expected Delivery Date			
Fri 09/06/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
KATHRYN L YARBROUGH			
Tracking #:			
→ 7020316000230014698			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 80			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$85.40

Credit Card Remit \$85.40

Card Name: VISA  
Account #: XXXXXX XXXX8359  
Approval #: 214054  
Transaction #: 241  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6764826-2

Clerk: 06

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Thompsons Station, TN 37179

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Se

St

Cit

THOMPSONS STATION, TN 37179

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

LINDEN, MI 48451-9998  
Postmark  
Here  
SEP 04 2024  
09/04/2024

USPS TRACKING #



9590 9402 8627 3244 0684 80

United States  
Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**KATHRYN YARBROUGH****THOMPSONS STATION, TN 37179**

9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**RESTRICTED  
DELIVERY**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: ALEXANDER S. KOVAL

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37211			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ALEXANDER S KOVAL			
Tracking #:			
70203160000230014728			
Total			\$27.00

Grand Total:	\$120.30
Credit Card Remit	\$120.30
Card Name: VISA	
Account #: XXXXXXXXXXXX8359	
Approval #: 904295	
Transaction #: 184	
AID: A0000000031010	Chip
AL: VISA CREDIT	
PIN: Not Required	

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$0.00  
Extra Services & Fees (check box, add fee as indicated)  
☒ Return Receipt (hardcopy) \$12.75  
☐ Return Receipt (electronic) \$0.00  
☒ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
Postage \$14.25  
Total Postage and Fees \$27.00

**ALEXANDER KOVAL**  
[REDACTED]  
**NASHVILLE, TN 37211**

7020 3160 0002 3001 4728

Postage Here  
AUG 24 2024  
LINDEN, MI 48451 0151 06  
USPS

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

DEFENDANT: ALEXANDER S. KOVAL

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024

10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37211			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance		\$0.00	
Up to \$100.00 included			
Restricted Del		\$12.75	
Recipient name			
ALEXANDER S KOVAL			
Tracking #:			
70203160000230014728			
<b>Total</b>			<b>\$27.00</b>

Grand Total:	\$120.30
--------------	----------

Credit Card Remit	\$120.30
-------------------	----------

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753228-2

Clerk: 06

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee

\$0.00

Extra Services &amp; Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$12.75☐ Return Receipt (electronic) \$0.00☒ Certified Mail Restricted Delivery \$10.00☐ Adult Signature Required \$0.00☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$27.00

ALEXANDER KOVAL

NASHVILLE, TN 37211

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**



DEFENDANT: HENRY EDWARD HILDEBRAND III

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 10.40 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
HENRY E HILDEBRAND			
Tracking #:			
70203160000230014803			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 98			
Total			\$31.10

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Nashville, TN 37205

7020 3160 0002 3001 4803

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$14.25

Total Postage and Fees \$31.10

HENRY HILDEBRAND III

NASHVILLE, TN 37205

Postmark Here  
AUG 24 2024

08/24/2024

See reverse for instructions

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

DEFENDANT: HENRY EDWARD HILDEBRAND III

RECEIVED SERVICE: 8/28/2024

 <b>UNITED STATES POSTAL SERVICE.</b>			
LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777			
08/24/2024		10:59 AM	
Product	Qty	Unit Price	Price
Priority Mail® 1			\$14.25
Nashville, TN 37205			
Weight: 3 lb 10.40 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
HENRY E HILDEBRAND			
Tracking #:			
70203160000230014803			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 98			
Total			\$31.10
Grand Total: \$120.30			
Credit Card Remit \$120.30			
Card Name: VISA			
Account #: XXXXXXXXXXXXX8359			
Approval #: 904295			
Transaction #: 184			
AID: A0000000031010 Chip			
AL: VISA CREDIT			
PIN: Not Required			
UFN: 255460-0451			
Receipt #: 840-54930036-3-6753228-2			
Clerk: 06			

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL® RECEIPT</b>	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Nashville, TN 37205	
OFFICIAL USE	
Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$14.25
Total Postage and Fees	\$31.10
HENRY HILDEBRAND III	
NASHVILLE, TN 37205	
See Reverse for Instructions	

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**



DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024



FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
----------------	---	--	---------

Nashville, TN 37215  
Weight: 3 lb 10.90 oz  
Expected Delivery Date  
Mon 08/26/2024

Insurance \$0.00

Up to \$100.00 included

Restricted Del \$12.75

Recipient name  
CHARLES M WALKER

Tracking #:  
70203160000230014889

Return Receipt \$4.10

Tracking #:  
9590 9402 8627 3244 0681 83

Total \$31.10

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

No. 37215

**OFFICIAL USE**

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$1.00

☐ Return Receipt (electronic) \$1.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

**CHARLES M. WALKER**

**NASHVILLE, TN 37215**

Postmark Here

NOV 13 2024

USPS TRACKING #  
NASHVILLE TN 370

9590 9402 8627 3244 0681 83

United States Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

SENDER: COMPLETE THIS SECTION

"Restricted Delivery" but not signed by  
DEFENDANT as required.

Complete items 1, 2, and 3.

Print your name and address on the reverse  
so that we can return the card to you.

■ Attach this card to the back of the mailpiece,  
or on the front if space permits.

1. Article Addressed to:

**CHARLES M. WALKER**

**NASHVILLE, TN 37215**



9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4889

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charles M. Walker* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*Charles M. Walker*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®

☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™  
☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024



FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.90 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
CHARLES M WALKER			
Tracking #:			
7020316000230014889			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0681 83			
Total			\$31.10

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

No. 102 102 37215

**OFFICIAL USE**

Certified Mail Fee \$4.10  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$1.75  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25  
Total Postage and Fees \$31.10

Postmark Here

**CHARLES M. WALKER**  
[Redacted]  
**NASHVILLE, TN 37215-[Redacted]**

NOV 26 2024

USPS TRACKING #  
NASHVILLE TN 370  
26 AUG 2024 PM 2 L

9590 9402 8627 3244 0681 83

United States Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

"Restricted Delivery" but not signed by DEFENDANT as required.

SENDER: COMPLETE THIS SECTION

Complete Items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.  
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**CHARLES M. WALKER**  
[Redacted]  
**NASHVILLE, TN 37215-[Redacted]**

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label)  
7020 3160 0002 3001 4889

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature] ☐ Agent ☐ Addressee  
B. Received by (Printed Name)  
Sukena Walker  
C. Date of Delivery  
D. Is delivery address different from Item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery



DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
70203160000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
Total			\$31.10

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Nashville, TN 37215

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00
<input type="checkbox"/> Return Receipt (electronic)	\$1.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$4.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$4.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark AUG 24 2024

SAMUEL F. ANDERSON

NASHVILLE, TN 37215

THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SAMUEL F. ANDERSON**

**NASHVILLE, TN 37215**



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
70203160000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
Total			\$31.10

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Nashville, TN 37215

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$12.75

☐ Return Receipt (electronic) \$0.00

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark  
AUG 24 2024  
LINDEN, MI 48451-9998

**SAMUEL F. ANDERSON**

NASHVILLE, TN 37215

See Reverse for Instructions

THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SAMUEL F. ANDERSON**

**NASHVILLE, TN 37215**



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024

**UNITED STATES POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
JAMES M HIVNER			
Tracking #:			
70203160000230014834			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 81			
Total			\$33.80

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Memphis, TN 38133

**OFFICIAL USE**

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$12.75

☒ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$

Postage \$16.95

Total Postage and Fees \$33.80

Postmark Here

08/27/2024

**JAMES MICHAEL HIVNER**

**BARTLETT, TN 38133**

See reverse for instructions

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024

**UNITED STATES POSTAL SERVICE.**

FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name			
JAMES M HIVNER			
Tracking #:			
→ 70203160000230014834			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 81			
Total			\$33.80

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

**U.S. Postal Service™ CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Memphis, TN 38133

**OFFICIAL USE**

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$12.75

☒ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$

Postage \$16.95

Total Postage and Fees \$33.80

Postmark Here

08/24/2024

**JAMES MICHAEL HIVNER**

**BARTLETT, TN 38133**

Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**



DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
70202450000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☒ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$14.25  
Total Postage and Fees \$

Postmark  
AUG 28 2024  
08/28/2024  
USPS

**ANDY DWANE BENNETT**  
HERMITAGE, TN 37076

THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ANDY DWANE BENNETT**  
HERMITAGE, TN 37076



9590 9402 8627 3244 0682 99

2. Article Number (Transfer from center label)

7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
7020245000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☒ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$14.25  
Total Postage and Fees \$

**ANDY DWANE BENNETT**  
HERMITAGE, TN 37076

Postmark  
AUG 28 2024  
08/28/2024  
USPS

7020 2450 0000 3671 5150

THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ANDY DWANE BENNETT**  
HERMITAGE, TN 37076



9590 9402 8627 3244 0682 99

2. Article Number (Transfer from service label)

7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800) 275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
→ 70202450000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$14.25  
Total Postage and Fees \$

**FRANK GOAD CLEMENT JR.**  
[Redacted]  
**NASHVILLE, TN 37205**

Postmark: AUG 28 2024  
USPS

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.**

**NASHVILLE, TN 37205**



9590 9402 8627 3244 0682 82

2. Article Number (Transfer from container label)

**7020 2450 0000 3671 5167**

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800) 275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
7020245000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010  
AL: VISA CREDIT  
PIN: Not Required

Chip

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$14.25

Postmark: AUG 28 2024

USPS

**FRANK GOAD CLEMENT JR.**

**NASHVILLE, TN 37205**

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.****NASHVILLE, TN 37205**

9590 9402 8627 3244 0682 82

2. Article Number (Transfer from carrier label)

7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



RECEIVED SERVICE: 8/31/2024

DEFENDANT: WILLIAM NEAL MCBRAYER

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024

04:09 PM

Product	Qty	Unit	Price
---------	-----	------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
7020245000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☒ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$14.25  
Total Postage and Fees \$

**WILLIAM NEAL MCBRAYER**  
BRENTWOOD, TN 37027-  
Instructions

7020 2450 0000 3671 5136

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



RECEIVED SERVICE: 8/31/2024

DEFENDANT: WILLIAM NEAL MCBRAYER

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800) 275-8777

08/28/2024

04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
7020245000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010  
AL: VISA CREDIT  
PIN: Not Required

Chip

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☒ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$14.25  
Total Postage and Fees \$

**WILLIAM NEAL MCBRAYER**  
BRENTWOOD, TN 37027-  
Instructions

7020 2450 0000 3671 5136

Postmark: AUG 28 2024

USPS

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800) 275-8777

09/10/2024

02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
----------------	---	--	---------

Knoxville, TN 37919

Weight: 9 lb 2.2 oz

Expected Delivery Date

Thu 09/12/2024

Insurance

\$0.00

Up to \$100.00 included

Restricted Del \$12.75

Recipient name

SHARRON G LEE

Tracking #:

7020245000036716188

Return Receipt \$4.10

Tracking #:

9590 9402 8418 3156 9888 87

Total \$35.70

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA

Account #: XXXXXXXXXX8359

Approval #: 310170

Transaction #: 818

AID: A0000000031010

Chip

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

## OFFICIAL USE

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☒ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$18.85

\$

Total Postage and Fees

\$

SHARON GAIL LEE

KNOXVILLE, TN 37919

LINDEN, MI 48451

Postmark  
Here

SEP 10 2024

09/10/2024

7020 2450 0000 3671 6188

### COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHARON GAIL LEE

KNOXVILLE, TN 37919



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/10/2024 02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
----------------	---	--	---------

Knoxville, TN 37919

Weight: 9 lb 2.2 oz

Expected Delivery Date

Thu 09/12/2024

Insurance \$0.00

Up to \$100.00 Included

Restricted Del \$12.75

Recipient name

SHARRON G LEE

Tracking #:

→ 70202450000036716188

Return Receipt \$4.10

Tracking #:

9590 9402 8418 3156 9888 87

Total \$35.70

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA

Account #: XXXXXXXXXXXX8359

Approval #: 310170

Transaction #: 818

AID: A0000000031010

Chip

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$18.35

Total Postage and Fees \$

**SHARON GAIL LEE**

**KNOXVILLE, TN 37919**

LINDEN, MI 48451

SEP 10 2024

09/10/2024

## COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SHARON GAIL LEE****KNOXVILLE, TN 37919**

9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL

[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III

[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER

[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON

[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]



MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

ALEXANDER SERGEY KOVAL  
NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

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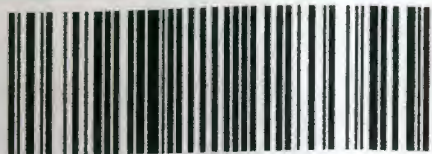
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